



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$904387536
Outpatient Patient Service Revenue	\$1002329006
Total Gross Patient Service Revenue	\$1906716542

2. Deductions From Revenue

Contractual Allowance	\$1462095673
Other Deductions	\$-22395841
Total Deductions	\$1439699832

3. Total Operating Revenue

Net Patient Service Revenue	\$467016710
Other Operating Revenue	\$32869608
Total Operating Revenue	\$499886318

4. Operating Expenses

Salaries and Wages	\$123452145	Employee Benefits	\$32585681
Depreciation and Amortization	\$22143010	Interest Expense	\$0
Bad Debt	\$28021391	Other Expenses	\$239212205
Total Operating Expenses	\$445414432		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$54471886	Total Assets	\$16288534
Net Non-operating Gains over Loss	\$5164580	Total Liabilities	\$16288534

Total Net Gains	\$59636466
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1078428369	\$893253991	\$185174378
Medicaid	\$345539478	\$262489612	\$83049866
Other Government	\$26569405	\$22132341	\$4437064
Other State	\$0	\$0	\$0
Other Payers	\$456179289	\$289845280	\$166334009
Total	\$1906716541	\$1467721224	\$438995317

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1299000	\$1689864	\$-390864

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$502777	\$1622195	\$-1119418

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4116851	\$14376293	\$-10259442
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	63
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	10649

Statement Six: Charity Statement
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Hospital Charity Charges	\$31408010
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6757888	
HCI Payments	\$0		
Subtotal	\$0	\$6757888	\$-6757888
Medicaid Shortfalls	\$77828744	\$98369812	
Subtotal	\$77828744	\$105127700	\$-27298956
DSH Payments	\$0		
Subtotal	\$77828744	\$105127700	\$-27298956
Medicare Shortfalls	\$119128843	\$122603427	
Other Government Programs	\$0	\$0	
Total	\$196957587	\$227731127	\$-30773540

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$326927	\$1828819	\$-1501892
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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